Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

## NOTIFICATION OF PERSONNEL ACTION

| 46. Employing Deparement of EP - ENVIRONI 47. Agency Code                                                                         | tment or Agency MENTAL PROTECTIO  48. Personnel Office ID |           | 49. Approv                 | al Date       |                                                               | _                                                                                                                                | 1547 / E                                                                                        | Authentication :<br>ELECTRONI |                 |                              | ïcial           |                            |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------|----------------------------|---------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------|-----------------|------------------------------|-----------------|----------------------------|--|--|
| 46. Employing Depa                                                                                                                | rtment or Agency                                          |           |                            |               |                                                               | 50. Sigr                                                                                                                         | nature/A                                                                                        | Authentication                | and Title of A  | approving Off                | ïcial           |                            |  |  |
|                                                                                                                                   |                                                           |           |                            |               |                                                               |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
|                                                                                                                                   |                                                           |           |                            |               |                                                               |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
|                                                                                                                                   |                                                           |           |                            |               |                                                               |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
|                                                                                                                                   |                                                           |           |                            |               |                                                               |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
|                                                                                                                                   |                                                           |           |                            |               |                                                               |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
|                                                                                                                                   |                                                           |           |                            |               |                                                               |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
|                                                                                                                                   |                                                           |           |                            |               |                                                               |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
| FORFEITED <i>I</i>                                                                                                                | ND CANNOT BE CON                                          | √ERTE     | ED TO C.                   | ASH OR A      | TONA                                                          | HER TY                                                                                                                           | PE O                                                                                            | r LEAVE.                      |                 |                              |                 |                            |  |  |
| FROM THE E                                                                                                                        | FECTIVE DATE OF '                                         | THIS      | SF50 T                     | O USE TH      | HIS A                                                         | AWARD.                                                                                                                           | AN                                                                                              | Y TIME-O                      |                 |                              |                 | IAVE 365 DAYS<br>D WILL BE |  |  |
| FUNC CLS 00 VET STAT EDUC LVL 10 SUPV STA                                                                                         |                                                           |           |                            |               |                                                               | AT 8 POSITION SENSITIVITY NONSENSITIVE/LOW RI                                                                                    |                                                                                                 |                               |                 |                              |                 |                            |  |  |
| 40. Agency Data 41. 42. 43.                                                                                                       |                                                           |           |                            | 44.           |                                                               |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
| 38. Duty Station Code  39. Duty Station (City – County – 13-0280-121  ATLANTA,FULTON,GEOR                                         |                                                           |           |                            |               | *                                                             |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
| 2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved                                            |                                                           |           | N E - Exempt N - Nonexempt |               |                                                               |                                                                                                                                  |                                                                                                 |                               | 1097            |                              |                 |                            |  |  |
| POSITION DATA  34. Position Occupied 35. FLSA Category                                                                            |                                                           |           |                            |               | 36. Appropriation Code 37. Bargaining Unit Status             |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
| FERS-FRAE & FICA 08/10/2014                                                                                                       |                                                           |           |                            | <u> </u>      |                                                               | F                                                                                                                                | F FULL-TIME                                                                                     |                               |                 |                              |                 | Pay Period                 |  |  |
| 30. Retirement Plan 31. Service Comp. Date (Leave)                                                                                |                                                           |           |                            |               | 32. Work                                                      | 32. Work Schedule  33. Part-Time Hours Per Biweekly                                                                              |                                                                                                 |                               |                 |                              |                 |                            |  |  |
| 27. FEGLI BASIC ONLY                                                                                                              |                                                           |           |                            |               | 28. Annu                                                      | 28. Annuitant Indicator  9 NOT APPLICABLE                                                                                        |                                                                                                 |                               |                 | 29. Pay Ra 0                 | ate Determinant |                            |  |  |
| 1 - None   3 - 10-Point/Disability   5 - 10-Point/Other   2 - 5-Point   4 - 10-Point/Compensable   6 - 10-Point/Compensable   30% |                                                           |           |                            |               | 2 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite       |                                                                                                                                  |                                                                                                 |                               | YES NO          |                              |                 |                            |  |  |
| EMPLOYEE DATA 23. Veterans Preference                                                                                             |                                                           |           |                            |               |                                                               | 24. Tenu                                                                                                                         | 24. Tenure 25. Agency Use 26. Veterans Preference for RIF                                       |                               |                 |                              |                 |                            |  |  |
|                                                                                                                                   |                                                           |           |                            |               |                                                               |                                                                                                                                  |                                                                                                 | ATLANTA,GEORGIA               |                 |                              |                 |                            |  |  |
|                                                                                                                                   |                                                           |           |                            |               |                                                               |                                                                                                                                  |                                                                                                 |                               | 2201101         |                              |                 |                            |  |  |
| <u> </u>                                                                                                                          |                                                           |           |                            |               |                                                               | FACILI                                                                                                                           | FACILITIES, GRANTS & ACQUISTN MGMT BR FACILITIES & ENVIRON SOLUTIONS SECTION                    |                               |                 |                              |                 |                            |  |  |
| RE                                                                                                                                |                                                           |           |                            |               |                                                               | REGIO                                                                                                                            | 22. Name and Location of Position's Organization REGION 4 OFFICE OF ARA FOR POLICY & MANAGEMENT |                               |                 |                              |                 |                            |  |  |
| 14. Name and Location of Position's Organization 2                                                                                |                                                           |           |                            |               |                                                               |                                                                                                                                  | and Lo                                                                                          | ocation of Posit              | ion's Organiz   | ation                        |                 |                            |  |  |
| 12A. Basic Pay                                                                                                                    | 12B. Locality Adj. 12C. A                                 | dj. Basic | Pay                        | 12D. Other Pa | ay                                                            | 20A. Basic                                                                                                                       | Pay                                                                                             | 20                            | B. Locality Adj | . 20C. Adj                   | . Basic Pay     | 20D. Other Pay             |  |  |
| 8. Pay Plan 9. Occ. Cod                                                                                                           | e 10. Grade or Level 11. Step or                          | Rate 12.  | Total Salary               | 13. Pay B     | Sasis                                                         | 16. Pay Pl                                                                                                                       | an   17.                                                                                        | . Occ. Code 18                | . Grade or Leve | 1 19.Step or Ra              | 20. Total Sa    | alary/Award 21. Pay Basis  |  |  |
|                                                                                                                                   |                                                           |           |                            |               |                                                               | T0AGA000 NA00059   16. Pay Plan   17. Occ. Code   18. Grade or Level   19. Step or Rate   20. Total Salary/Award   21. Pay Basis |                                                                                                 |                               |                 |                              |                 |                            |  |  |
| 7. FROM: Position Title and Number                                                                                                |                                                           |           |                            |               | 15. TO: Position Title and Number SUPPORT SERVICES SPECIALIST |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
| 5-E. Code 5-F. Legal Authority                                                                                                    |                                                           |           |                            |               |                                                               |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
| 5_E Code 5_E Logal Authority                                                                                                      |                                                           |           |                            |               | 6-E. Cod                                                      | 6-E. Code 6-F. Legal Authority                                                                                                   |                                                                                                 |                               | TV.             |                              |                 |                            |  |  |
| 847 GROUP TIME-OFF AWARD  5-C. Code 5-D. Legal Authority                                                                          |                                                           |           |                            |               | 6-C. Code 6-D. Legal Autho                                    |                                                                                                                                  |                                                                                                 | egal Authorit                 | ity             |                              |                 |                            |  |  |
| 5-A. Code                                                                                                                         | 5-B. Nature of Action                                     | 7.4.D.D.  |                            |               |                                                               | 6-A. Coo                                                                                                                         |                                                                                                 |                               | ature of Actio  | n                            |                 |                            |  |  |
| FIRST ACTION                                                                                                                      |                                                           |           |                            |               | SECOND ACTION                                                 |                                                                                                                                  |                                                                                                 |                               |                 |                              |                 |                            |  |  |
| 1. Name (Last, First, Middle) GREENE, WARREN KEITH                                                                                |                                                           |           |                            |               | 2. Social Security Number                                     |                                                                                                                                  |                                                                                                 | 3. Date of Birth              |                 | 4. Effective Date 10/04/2015 |                 |                            |  |  |
|                                                                                                                                   | Middle)                                                   |           |                            |               |                                                               | 2 Soci                                                                                                                           | al Comp                                                                                         | uity Numbon                   | 2 Data of P     | inth                         | 4 Effoativ      | vo Data                    |  |  |